

Louisiana Regional HIV/AIDS Surveillance Report

*Characteristics and Trends of
Reported HIV and AIDS Cases*

2000



Region VIII: Monroe Region

HIV/AIDS Surveillance
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Regional Epidemiologic Profile

Region VIII: Monroe Region

This profile summarizes the status of the HIV/AIDS epidemic in the Monroe Region for cases diagnosed through 2000 and reported through July, 2001. Please refer to the technical notes (page 16) for information on the interpretation of HIV data.

The following are highlights of this year's report for Region VIII:

- In 2000, the Monroe Region had the 4th lowest HIV/AIDS rate in the state (16 cases out of every 100,000 persons). Through 2000, the cumulative number of persons detected and reported with HIV infection was 878 in Region VIII, of which 534 have been diagnosed with AIDS.
- In 2000 alone, 55 new cases of HIV infection were detected and 24 new AIDS cases were diagnosed. Region VIII was one of three regions, which had an increase in the number of newly-diagnosed HIV/AIDS cases in 2000.
- By the end of 2000, there were 555 persons living with HIV/AIDS in Region VIII. The number of persons living with HIV/AIDS continues to increase each year.
- Although the number of new HIV/AIDS cases attributed to men who have sex with men (MSM) has been decreasing throughout the state, the epidemic in MSM remains the largest of all transmission groups in Louisiana. Statewide in 2000, 48% of all cases with a specified risk for exposure were attributed to MSM exposure. Overall, it is estimated that in the Monroe Region, high risk heterosexuality (HRH) accounted for a larger proportion of the newly-diagnosed HIV/AIDS cases than did MSM in 2000.
- Consistent with all 9 regions in the state, African-American men have the highest HIV/AIDS rate in the Monroe Region. Forty-two out of every 100,000 African-American men in Region VIII were diagnosed with HIV/AIDS in 2000, and 76% of newly-diagnosed HIV/AIDS cases in the region were African-Americans (men & women).
- Women continue to represent an increasing proportion of newly-diagnosed HIV/AIDS cases statewide. In 2000, the Monroe Region had the second largest proportion of newly-diagnosed HIV/AIDS cases among women (42%).
- Statewide, 156 HIV-infected women gave birth in 2000, 24 of these women resided in Regions VI, VII, and VIII. While 86% of the HIV-infected women giving birth statewide received AZT in 2000, only 79% of HIV-infected pregnant women received AZT in Regions VI-VIII. However, the proportion of women receiving AZT in Regions VI-VIII increased from 69% in 1999 to 79% in 2000.

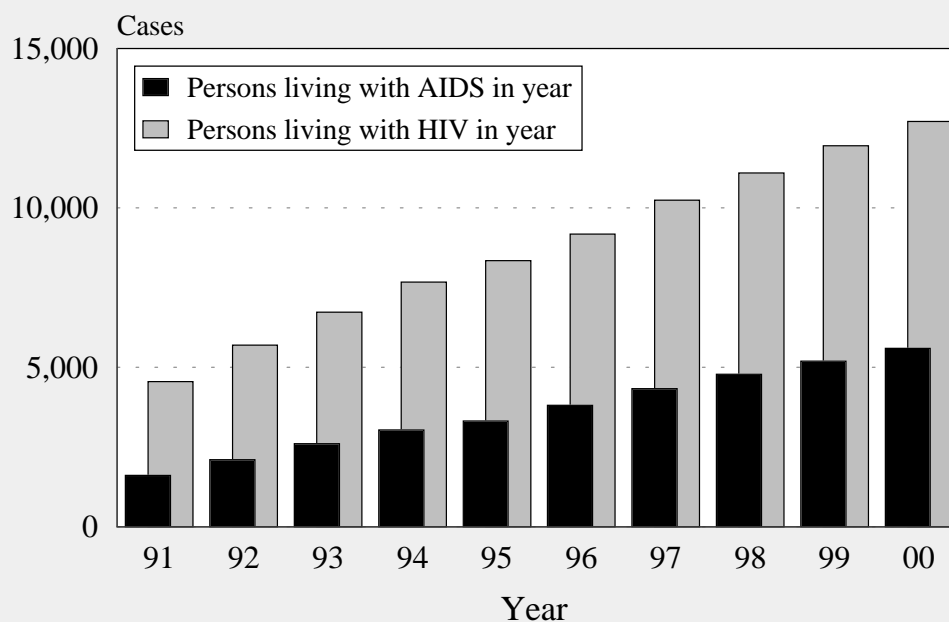
As the HIV/AIDS epidemic continues in persons at high risk and expands in persons who may not recognize their risk (e.g. women, sexual partners of persons at high risk), health care providers can play an important role in preventing HIV/AIDS. Physicians, nurses, and other health care workers should talk to every patient about his/her sexual behavior and recommend specific steps to decrease risky behavior, including reducing the number of sexual partners and using condoms routinely. As AIDS is still an incurable disease, the few minutes spent in this counseling can save more lives than all medical interventions that are available.

Public Health Regions

<u>Region</u>	<u>Area</u>	<u>Parishes</u>
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
III	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
VI	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
IX	Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

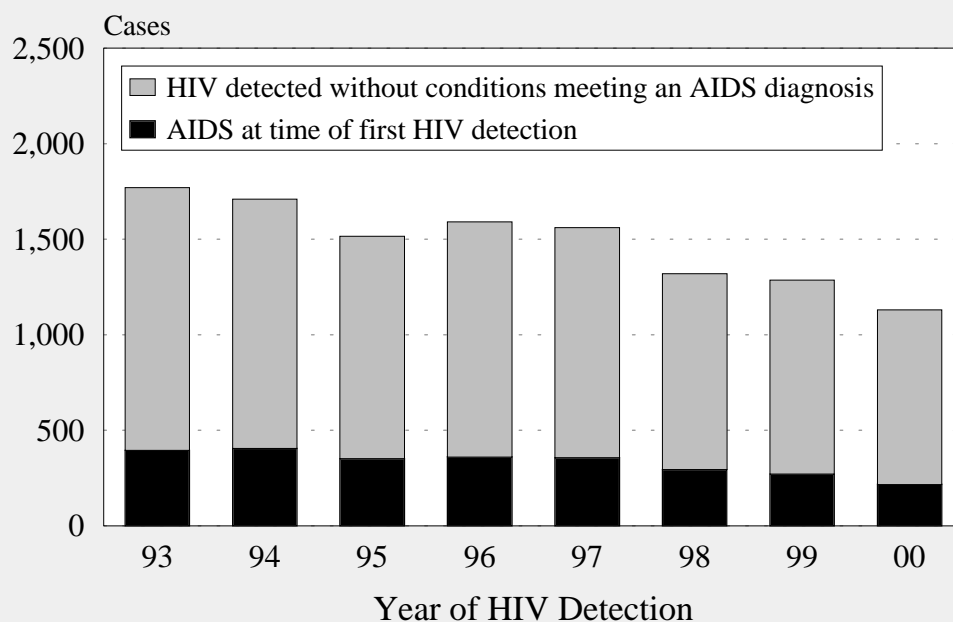
Persons Living with HIV/AIDS

Louisiana, 1991-2000



HIV/AIDS Case Trends

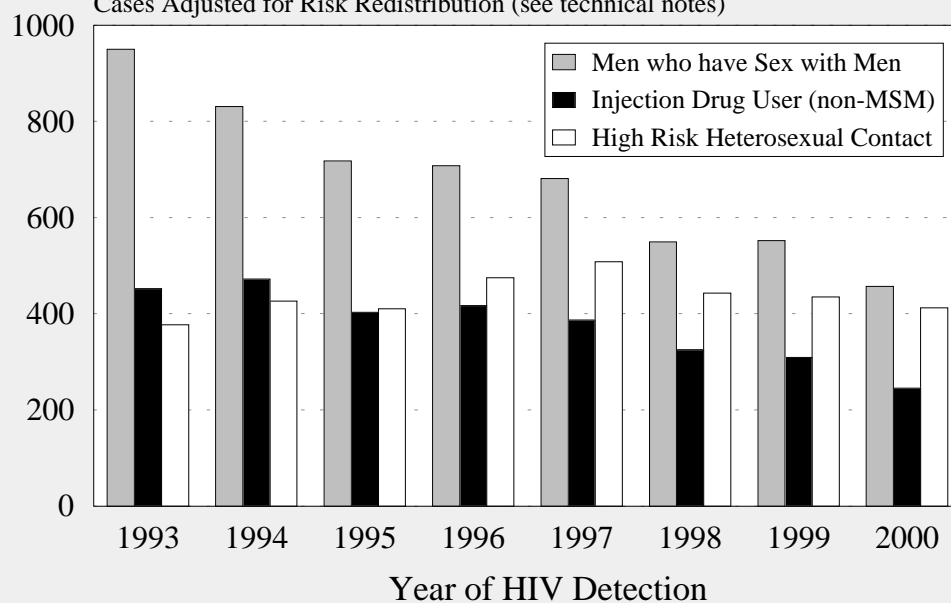
Louisiana, 1993-2000



Trends in Exposure Categories

Louisiana Adult HIV/AIDS Cases, 1993-2000

Cases Adjusted for Risk Redistribution (see technical notes)



Louisiana HIV/AIDS Cases and Case Rates by Parish

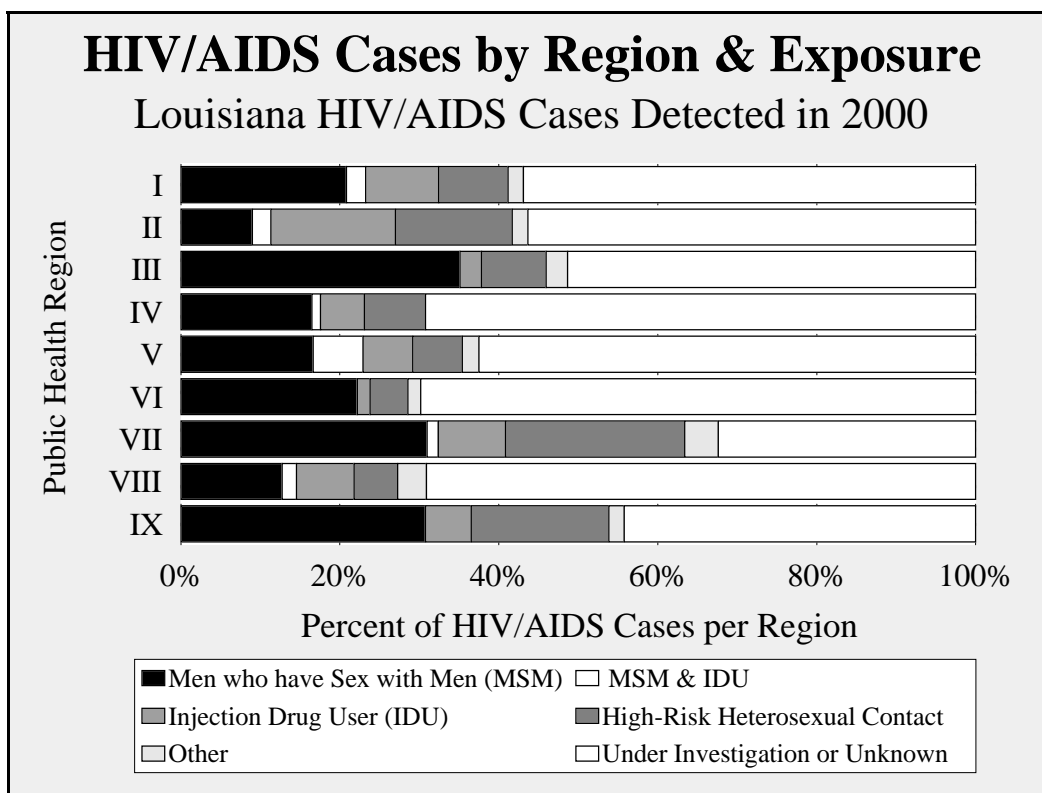
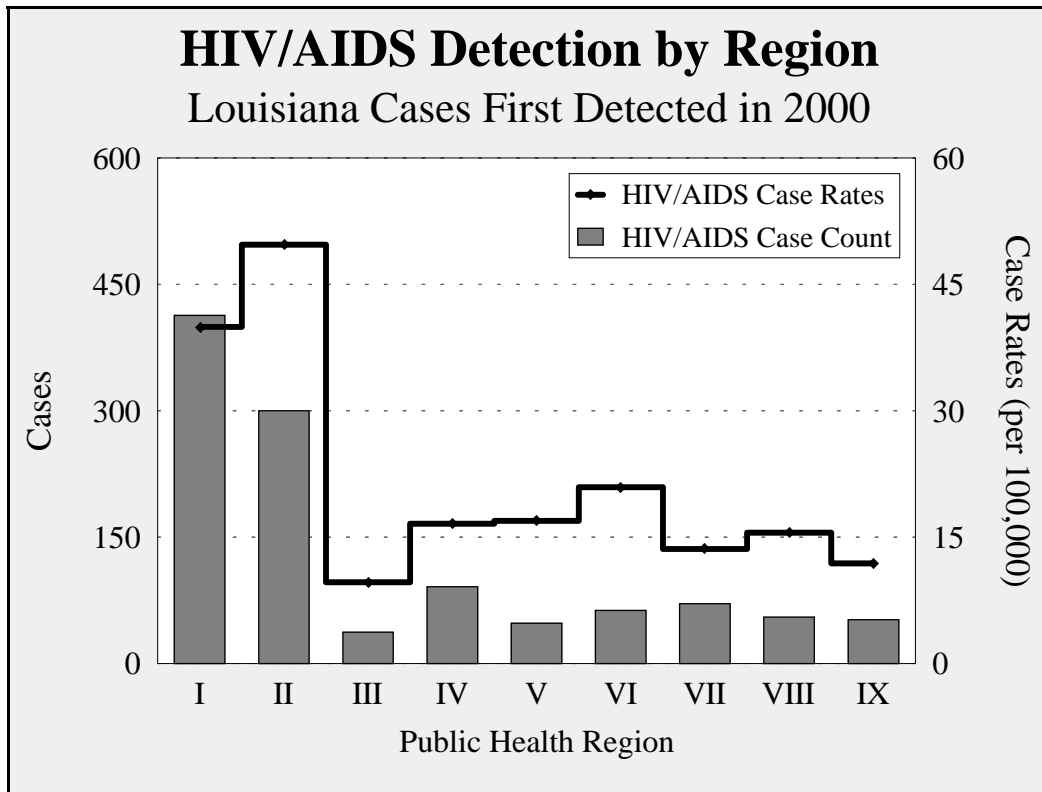
PARISH	AIDS DX ^a in 2000	HIV/AIDS Detected in 2000	HIV/AIDS Detection Rate, 2000 ^b	Cum HIV/AIDS Cases ^c	PARISH	AIDS DX ^a in 2000	HIV/AIDS Detected in 2000	HIV/AIDS Detection Rate, 2000 ^b	Cum HIV/AIDS Cases ^c
Statewide	724	1,130	26	20,415	Region VI	29	63	21	819
Region I	308	413	40	10,126	Avoyelles	5	18	43	182
Jefferson	59	79	17	1,738	Catahoula	3	2	n/a	18
Orleans	242	326	67	8,202	Concordia	2	3	n/a	40
Plaquemines	1	0	n/a	40	Grant	1	0	n/a	24
St. Bernard	6	8	12	146	La Salle	0	0	n/a	6
Region II	192	300	50	3,926	Rapides	15	32	25	413
Ascension	6	7	9	132	Vernon	2	5	10	69
East Baton Rouge	153	237	57	3,124	Winn	1	3	n/a	67
East Feliciana	8	16	75	110	Region VII	48	71	14	1,212
Iberville	13	21	63	214	Bienville	2	3	n/a	16
Pointe Coupee	5	3	n/a	55	Bossier	3	3	n/a	126
West Baton Rouge	3	10	46	109	Caddo	37	51	20	835
West Feliciana	4	6	40	182	Claiborne	2	5	30	56
Region III	28	37	10	620	De Soto	0	0	n/a	28
Assumption	1	2	n/a	29	Natchitoches	1	4	n/a	76
Lafourche	5	5	6	98	Red River	1	1	n/a	9
St. Charles	5	6	12	90	Sabine	1	1	n/a	22
St. James	4	5	24	57	Webster	1	3	n/a	44
St. John the Baptist	4	7	16	82	Region VIII	24	55	16	878
St. Mary	3	6	11	91	Caldwell	0	1	n/a	15
Terrebonne	6	6	6	173	East Carroll	0	3	n/a	27
Region IV	38	91	17	1,205	Franklin	0	0	n/a	22
Acadia	3	5	8	94	Jackson	0	0	n/a	16
Evangeline	3	8	23	41	Lincoln	0	1	n/a	66
Iberia	2	8	11	100	Madison	3	4	n/a	56
Lafayette	17	36	19	617	Morehouse	0	2	n/a	59
St. Landry	10	20	23	193	Ouachita	16	36	24	496
St. Martin	1	13	27	79	Richland	4	4	n/a	45
Vermilion	2	1	n/a	81	Tensas	1	3	n/a	27
Region V	30	48	17	810	Union	0	0	n/a	34
Allen	1	11	43	139	West Carroll	0	1	n/a	15
Beauregard	5	3	n/a	56	Region IX	25	52	12	819
Calcasieu	22	32	17	555	Livingston	5	15	16	115
Cameron	0	0	n/a	7	St. Helena	0	0	n/a	10
Jefferson Davis	2	2	n/a	53	St. Tammany	8	14	7	341
					Tangipahoa	8	17	17	179
					Washington	4	6	14	174

^a DX - Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

^b Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.

^c Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.

REGION VIII, HIV DATA



Demographics of HIV-Infected Persons (HIV/AIDS)^a

Region VIII: Monroe Region

Persons with HIV/AIDS

First Detected in 2000

These columns reflect persons with HIV infection (HIV/AIDS) whose positive status was first detected in 2000 through confidential testing. Some of these persons may have been diagnosed with AIDS at the time HIV was first detected; therefore, this column does not reflect new cases of HIV infection but rather new cases of HIV detection.

Persons Living with HIV/AIDS

This column reflects the minimum number of persons living with HIV/AIDS by the end of 2000. This column includes persons living with AIDS.

	<u>Statewide</u>		<u>Region VIII: Monroe Region</u>			
	Cases	Percent ^b	Cases	Percent ^b	Cases	Percent ^b
TOTAL	1,130	100%	55	100%	555	100%
Gender						
Men	745	66 %	32	58 %	378	68 %
Women	385	34 %	23	42 %	177	32 %
Ethnicity						
African-American	853	75 %	42	76 %	418	75 %
White	251	22 %	12	22 %	133	24 %
Other	23	2 %	1	2 %	4	1 %
Unknown	3	<1 %	0	0 %	0	0 %
Age Group	Age at HIV Detection:		Age at HIV Detection:		Age at End of 2000:	
under 15	14	1 %	2	4 %	7	1 %
15 - 24	214	19 %	9	16 %	49	9 %
25 - 34	336	30 %	14	25 %	174	31 %
35 - 44	348	31 %	17	31 %	209	38 %
over 44	218	19 %	13	24 %	115	21 %
Exposure Group ^c						
MSM ^d	208	43 %	7	41 %	161	41 %
IDU ^d	108	22 %	4	24 %	55	14 %
MSM and IDU	23	5 %	1	6 %	29	7 %
HRH ^d	124	26 %	3	18 %	135	34 %
Transf/Hemo	12	2 %	1	6 %	9	2 %
Perinatal	11	2 %	1	6 %	6	2 %
<i>Unspecified ^e</i>	644	57 %	38	69 %	160	29 %
Urban/Rural Parishes						
Urban	956	85 %	36	65 %	320	61 %
Rural	174	15 %	19	35 %	204	39 %

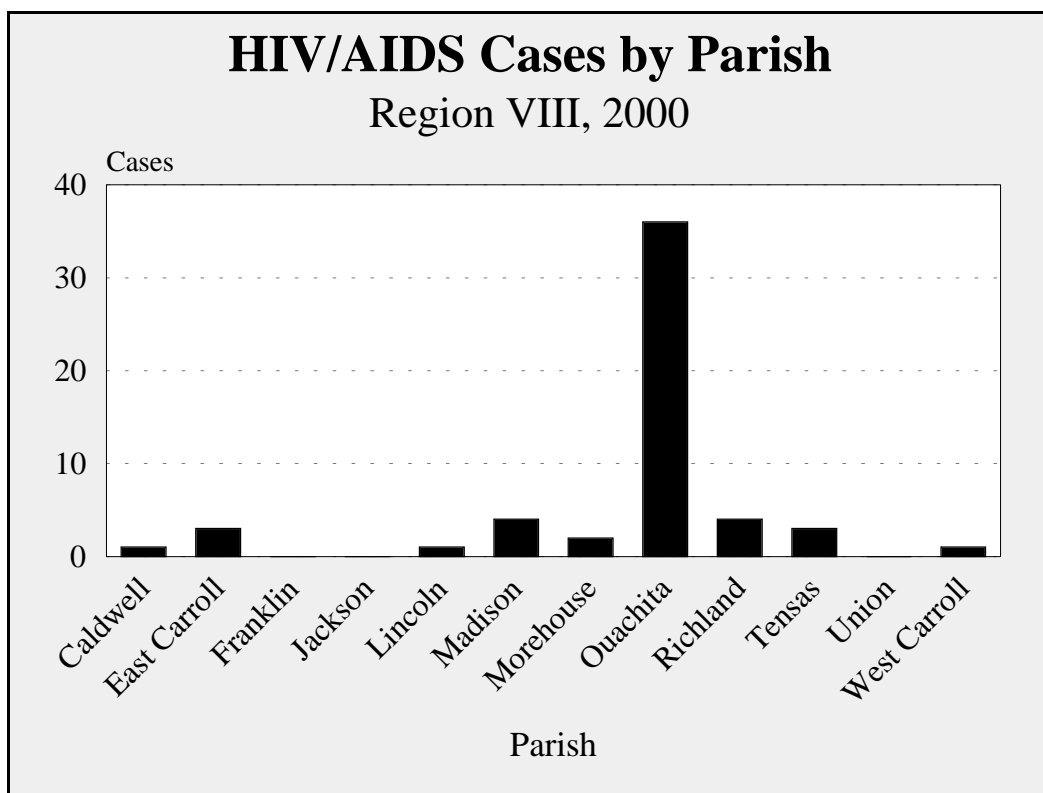
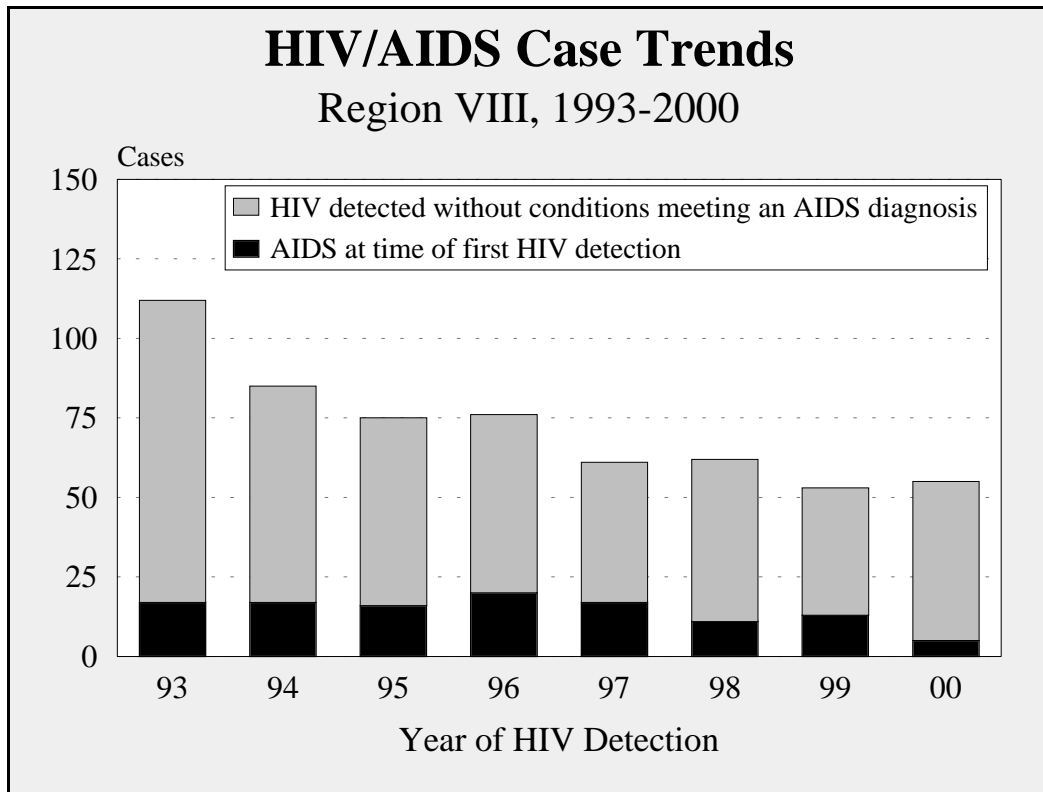
^a HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeated tests.

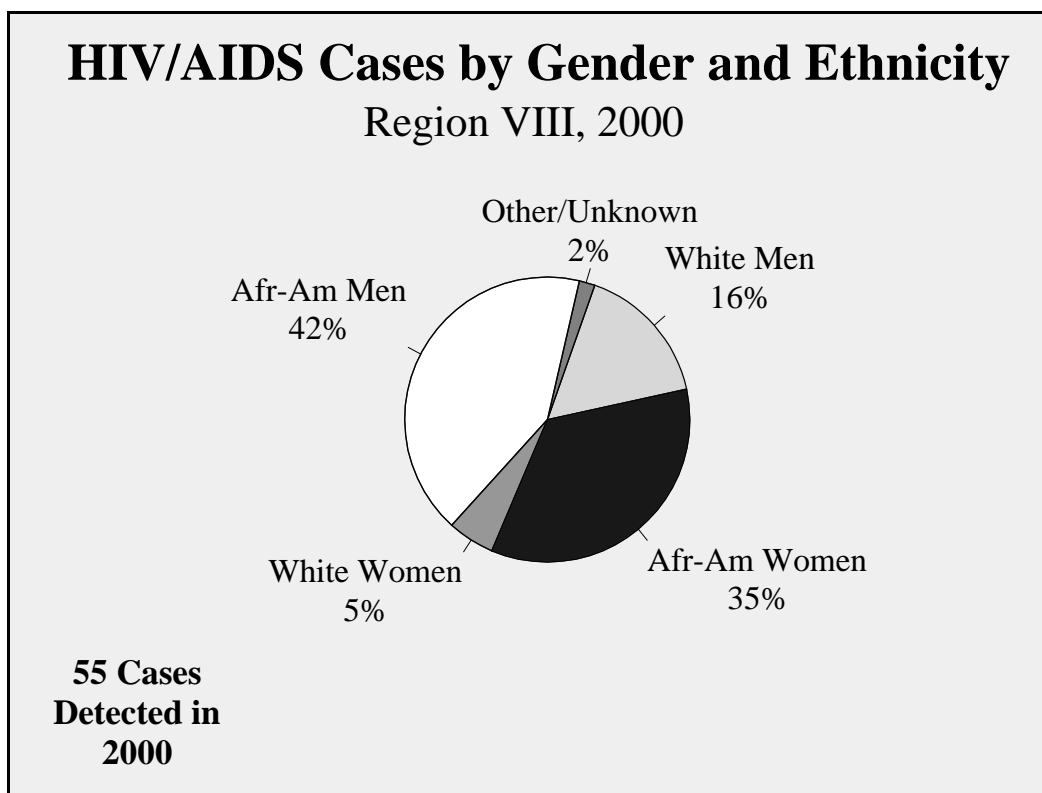
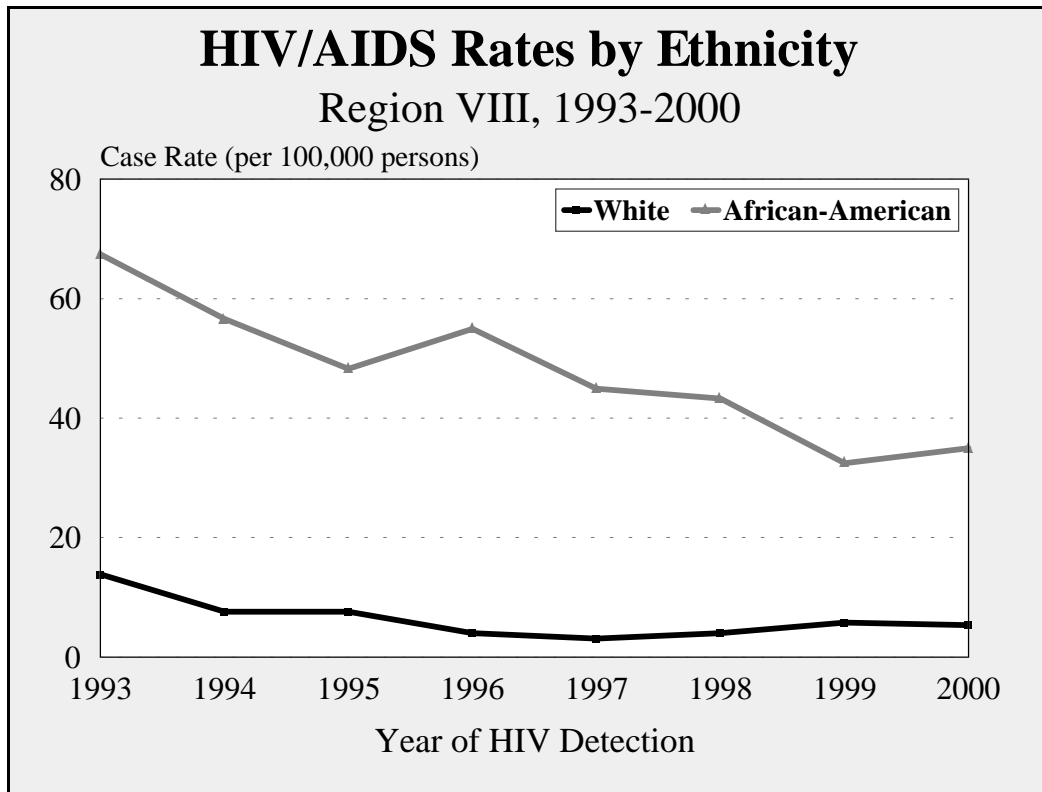
^b Percentages might not add up to 100% due to missing values and rounding errors.

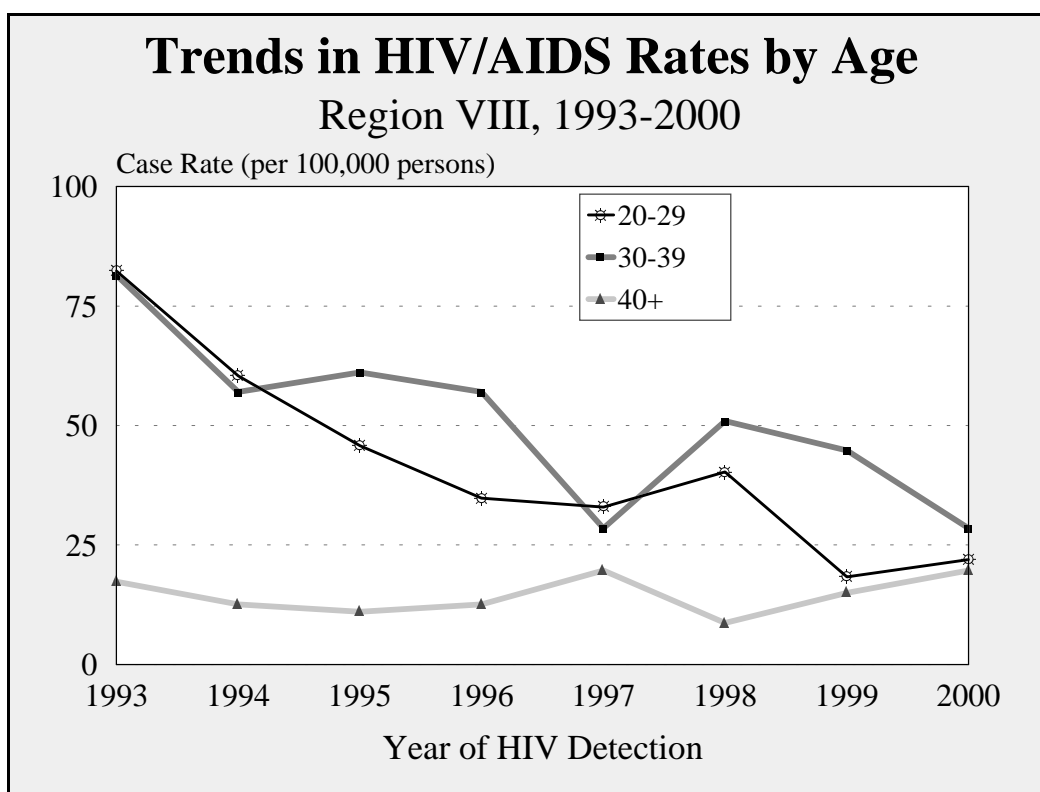
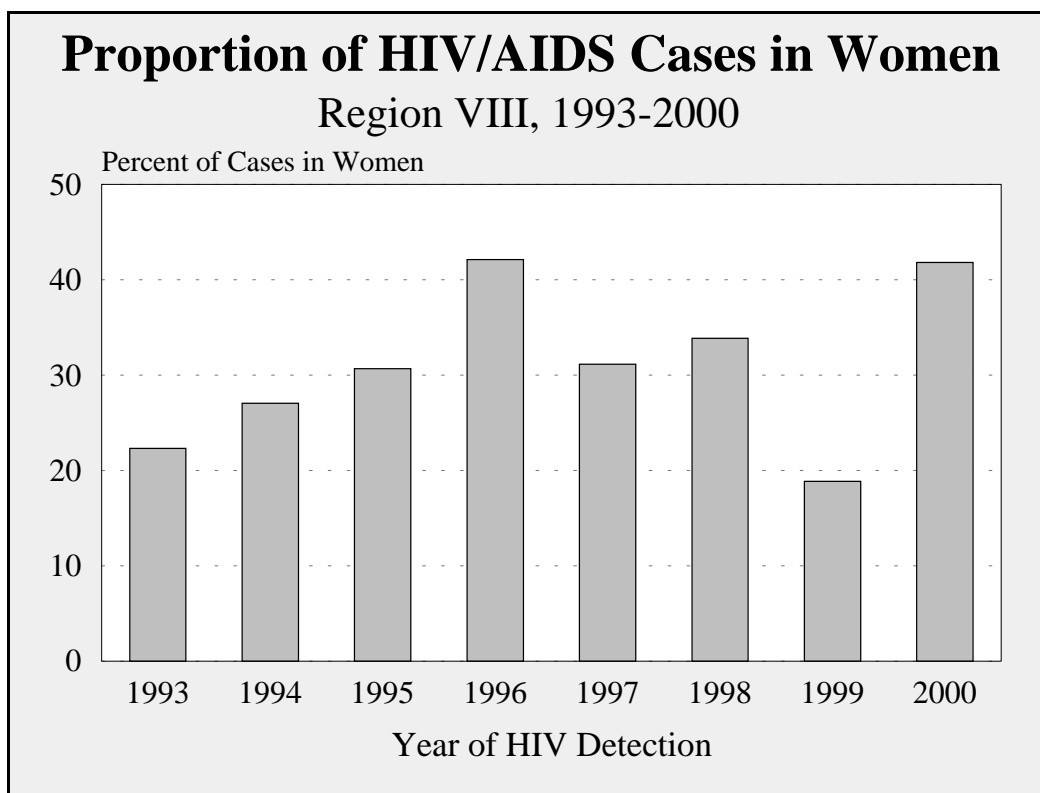
^c Percents for identified exposure groups represent the distribution among those with a specified exposure.

^d MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug Users; HRH: High Risk Heterosexual.

^e Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

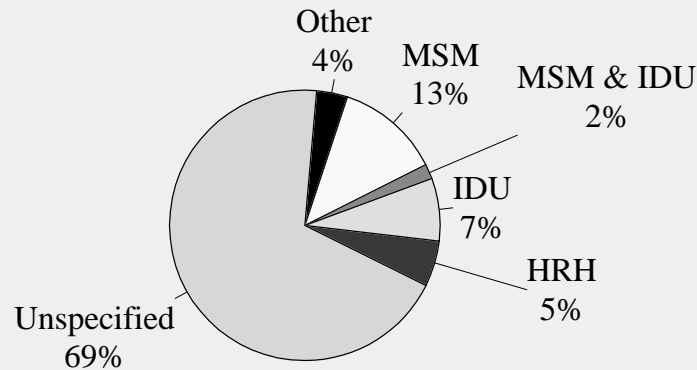






HIV/AIDS Cases by Exposure Categories

Region VIII, 2000



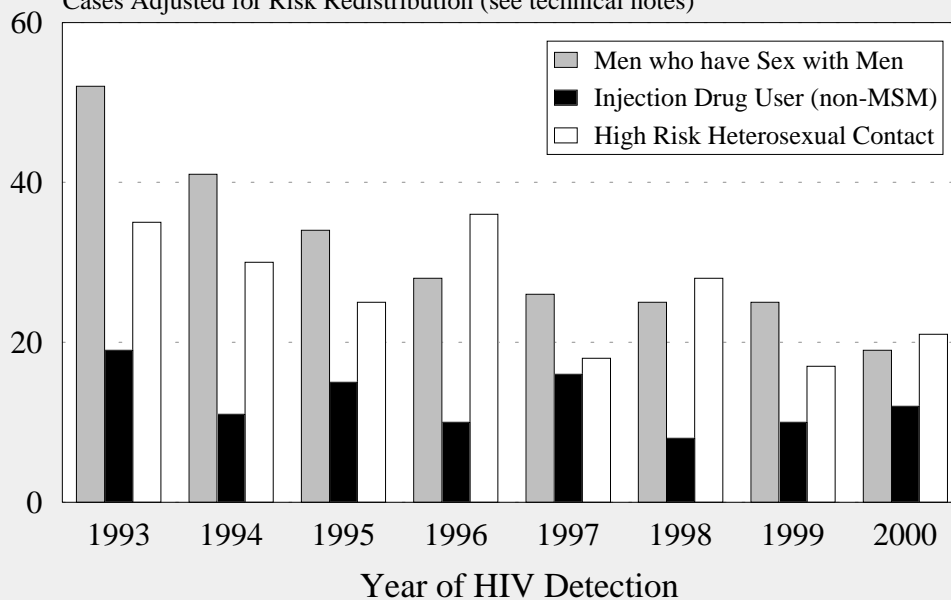
**55 Cases
Detected in
2000**

MSM: Men who have Sex with Men
HRH: High Risk Heterosexual
IDU: Injection Drug Use
Unspecified: No Identified Risk

Trends in Exposure Categories

Adult HIV/AIDS Cases, Region VIII 1993-2000

Cases Adjusted for Risk Redistribution (see technical notes)



Demographics of AIDS Cases

Region VIII: Monroe Region

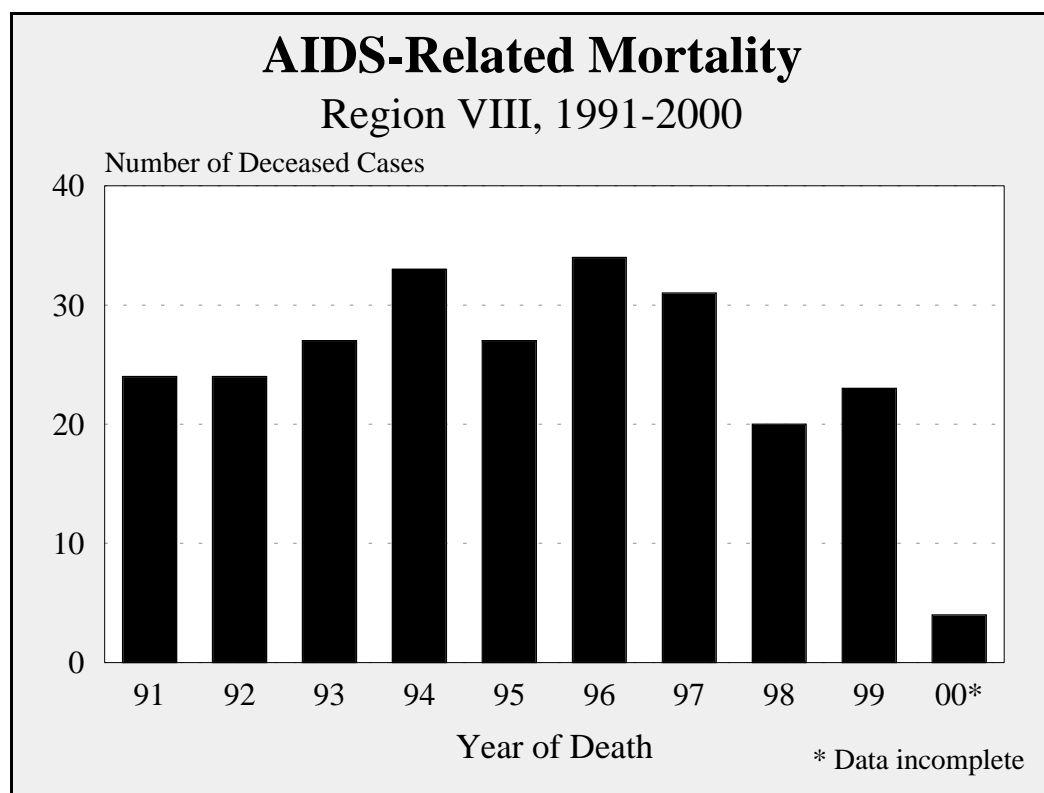
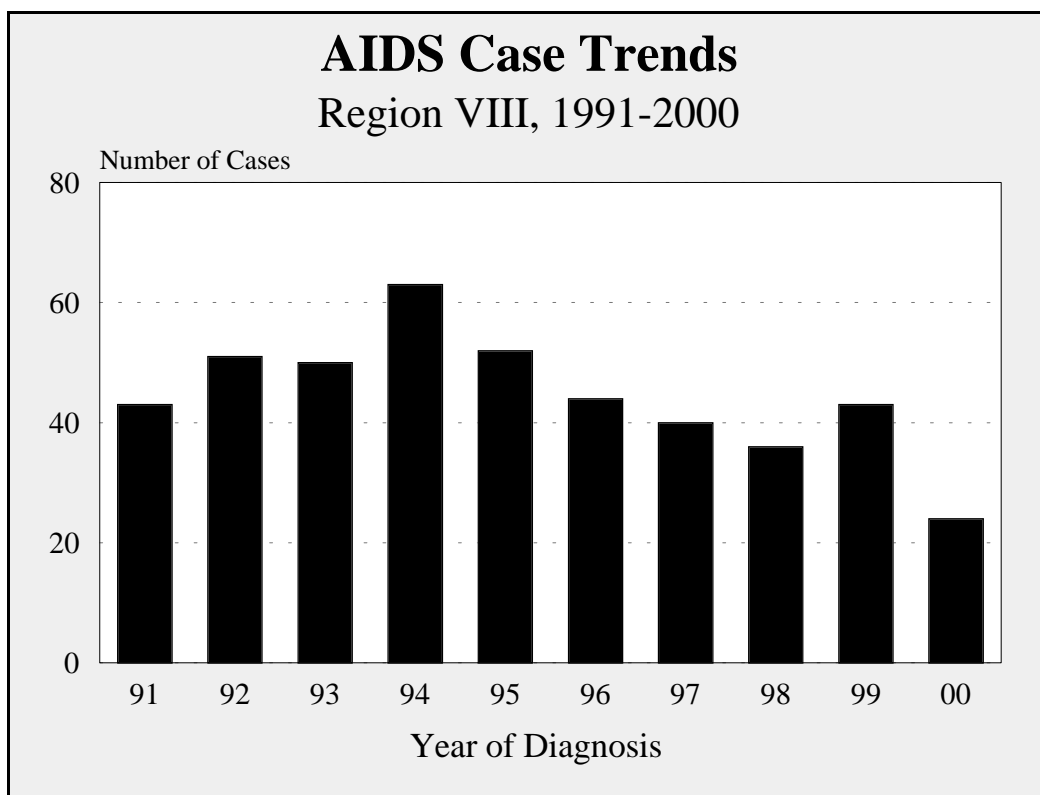
<u>AIDS Cases Diagnosed in 2000</u>			<u>Cumulative AIDS</u>	
	<u>Cases</u>	<u>Percent ^a</u>	<u>Cases</u>	<u>Percent ^a</u>
TOTAL	24	100%	534	100%
Gender				
Men	19	79%	434	81%
Women	5	21%	100	19%
Age Group				
under 15	0	0%	7	1%
15 - 24	2	8%	61	11%
25 - 34	9	38%	206	39%
35 - 44	7	29%	157	29%
over 44	6	25%	102	19%
Ethnicity ^b				
African-American	17	71%	354	66%
White	7	29%	177	33%
Hispanic	0	0%	2	<1%
Other	0	0%	1	<1%
Ethnicity ^b and Gender				
African-Amer Men	14	58%	276	52%
White Men	5	21%	157	29%
Hispanic Men	0	0%	1	<1%
Other Men	0	0%	0	0%
African-Amer Women	3	12%	78	15%
White Women	2	8%	20	4%
Hispanic Women	0	0%	1	<1%
Other Women	0	0%	1	<1%
Exposure Category ^c				
MSM	5	21%	222	42%
IDU	1	4%	78	15%
MSM and IDU	2	8%	39	7%
HRH	3	12%	91	17%
Transf/Hemo	0	0%	24	4%
Perinatal	0	0%	6	1%
<i>Unspecified</i>	<i>13</i>	<i>54%</i>	<i>74</i>	<i>14%</i>
Urban/Rural Parishes				
Urban	16	67%	306	57%
Rural	8	33%	228	43%
Facility Type				
Public	19	79%	401	76%
Private	5	21%	130	24%

^a Percentages might not add up to 100% due to missing values and rounding errors.

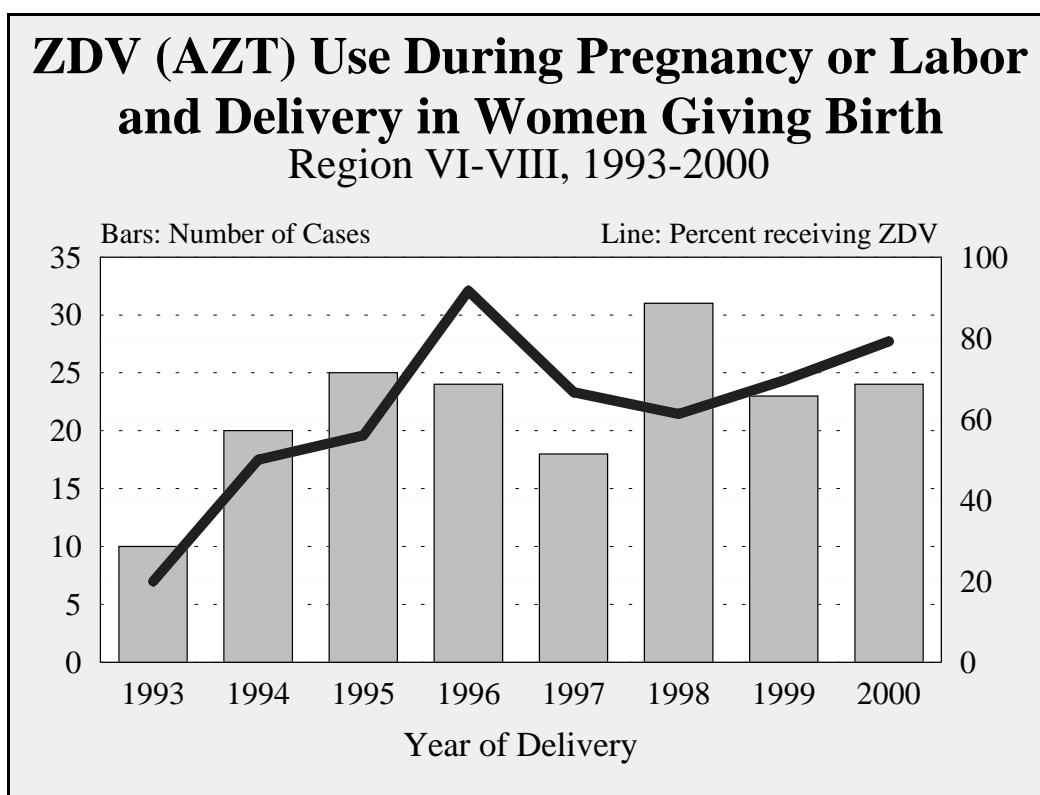
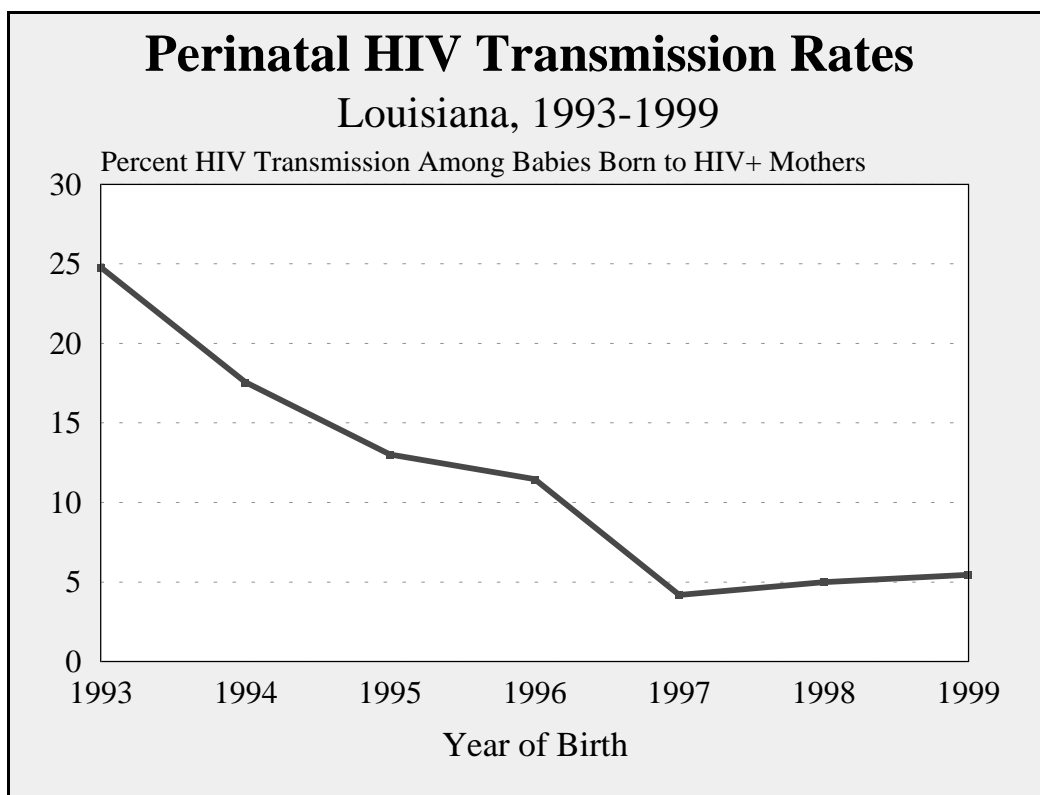
^b Cases and rates by ethnicity do not include cases whose race/ethnicity is unknown.

^c MSM=Men who have Sex with Men; IDU=Injection Drug User; HRH=High Risk Heterosexual; Unspecified=Still under investigation or unknown. See technical notes for further explanation.

REGION VIII, AIDS DATA



REGION VIII, PERINATAL DATA



TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated much earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under detected and under reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who only have been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM):** Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU):** Cases who report using drugs that require injection - not other route of administration of illicit drug use at any time since 1978.
- **High Risk Heterosexual Contact (HRH):** Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf):** Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal:** HIV infection in children resulting from transmission from an HIV+ mother to her child.

- **Unspecified:** Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. “Unspecified” cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985¹. The 1987 definition² revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded³ to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4⁺ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999⁴ to include positive results or reports of detectable quantities of HIV virologic (nonantibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as “expected” cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race- specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well as those based on the distribution of specified cases in Louisiana.

¹ MMWR 1985; 34: 373-75.

² MMWR 1987; 36 [Supp no.1S]: 1S-15S.

³ MMWR 1992; 41[RR-17]: 1-19.

⁴ CDC 1999; 48[RR13]: 1-27.